

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
D9/464377

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51			1		
2			1				52					
3			1				53					
4							54					
5							55					
6							56					
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37							87					
38							88					
39			1				89					
40			1				90					
41			1				91					
42			1				92					
43			1				93					
44			1				94					
45			1				95					
46			1				96					
47			1				97					
48			1				98					
49			1				99					
50			1				100					
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												